	Item 20 Film 391 7-31 67 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	09477 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09477	
	1. PLACE OF DEATH  o. COUNTY  Charles  2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmi  DISTRICT OF Columbus  MARYLAND	ission)
	b. CITY OR 10WN (If outside corporate limits, write RURAL and give nearest town)  c. CITY OR 10WN (If autside carporate limits, write RURAL and give nearest town)  washington, D.C.  H7.3	
	3920-Wheeler Road YES	ESIDENCE A FARM? NO
4		Year /
	S. SEX Male    6. COLOR OR RACE   7. MARRIED	
	100. USUAL OCCUPATION (Give kind of work done upon tradition of work done luging most of working life, even if retired)  105. KIND OF BUSINESS OR  11. BIRTHPLACE (Stote or foreign country)  Washington D.C.  12. CITIZEN OF WHAT COUNTRY?  USA  13. USIZEN OF WHAT COUNTRY?	
	John Henry Bean Sr Sadie Agnes Stubbs	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If was give worder dates of service) (\$17. INFORMANT Navy Records  Yes No. or death	
	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Fatal Submersion  INTERVAL  INTERVAL	BETWEEN DATE
1	Conditions, if ony, which gove ) (b)	
	rise to immediate couse (a), stating the underlying couse (b).    DUE TO	
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS A PERFO	UTOPSY- RMED? NO
	200. EXTERNAL CAUSE WAS PRIMARY INTO CONTRIBUTING CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY INTO CONTRIBUTING CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY INTO CONTRIBUTING CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY INTO CONTRIBUTING CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY INTO CONTRIBUTING CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY INTO CONTRIBUTING CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY INTO CONTRIBUTING CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY INTO CONTRIBUTING CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY INTO CONTRIBUTING CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY INTO CONTRIBUTING CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY INTO CONTRIBUTING CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY INTO CONTRIBUTING CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY INTO CONTRIBUTING CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY INTO CONTRIBUTING CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY INTO CONTRIBUTING CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY INTO CONTRIBUTING CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY INTO CONTRIBUTING CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY INTO CONTRIBUTING CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY INTO CONTRIBUTING CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY INTO CONTRIBUTING CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY INTO CONTRIBUTING CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY INTO CONTRIBUTING CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY INTO COURSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY INTO COURSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY INTO COURSE OF DEATH.  200. EXTERNAL CAUSE OF DEATH.  200.	7
8"	20c. TIME OF INJURY Month, Day, Yeor While Not While Not While Of County)  20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg, etc.)	(Stote)
	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry x and in m	
2	death resulted from: Natural courses   Accident   Suicide   Homicide   Undetermined manner    CHIEF MEDICAL EXAMINER   22. DA	TE SIGNED
1	SIGNATURE AND ASSISTANT MEDICAL EXAMINER LX 7-17  EXAMINER: Tamos E Androws  Indian Head	Md Web
	230. SURTAL, CREMATION, 23b. DATE THEREOF , 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(Stote)
	24. FUNERAL DIRECTOR FOLIA ADDRESS 250. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
	1102 West Broad Street, Falls Church, Virginia DATEJUL 24 1967 Clumber Que	se.

Cartel Control Tungers Home actions Jarotesty Malingues, Virginia

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09478

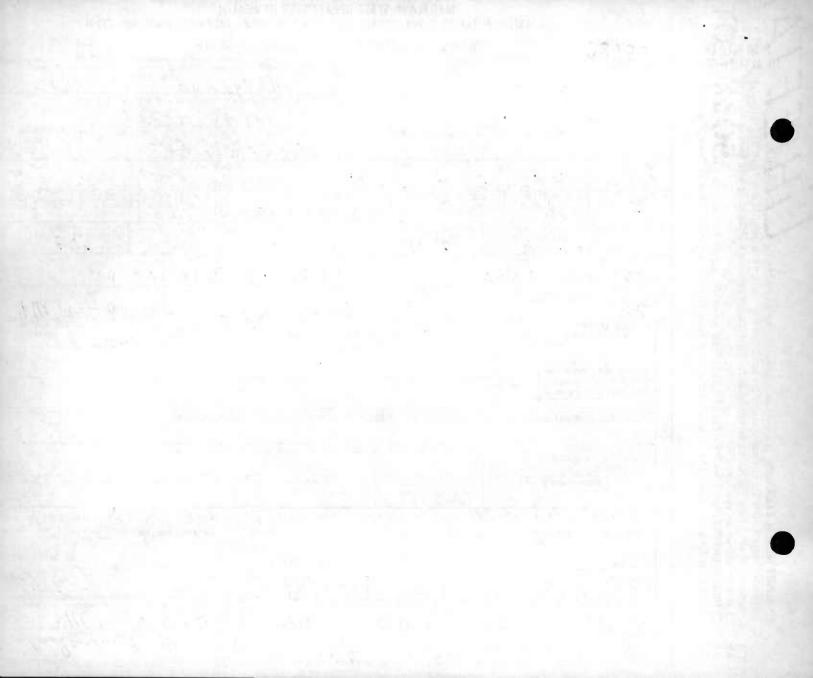
MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09478 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Poge 2 and 3 to State Deportment of Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND Maryland delay Charles c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PM3 La Plata Nanjemoy
d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE olong with farm in pencil in Item 18. Give Poges 1, ON A FARM? NO A Physicians General Hospital Nan iemov. Maryland This certificate shauld be executed within 24 hours ofter death. NAME OF Middle 4. DATE Month Year DECEASED (Type or print) DEATH July. 13 19 67 Smith Emory Bowie. AGE (In years 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED 7. MARRIED DATE OF BIRTH last birthday) Months Dovs Hours May 5,1905 WIDOWED K Office ( 72 hours ofter death DIVORCED Male White 62 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Charles County, Md. word "pending" in pencil in the Chief Medicol Exominer's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph E. Bowie Edith M. Maddox 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) within 578-24-899 Harry B. Bowie, Manjemoy, Md. IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY in ony event ONSET AND DEATH Massive left hemothorax IMMEDIATE CAUSE (o) the certificate, writing the word DUE TO Conditions, if ony, which gove Perforation of left lung and aorta rise to immediate couse (a), Page 4 should be forworded to DUE TO stoting the underlying couse 0 and OS or removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? NO 20o. EXTERNAL CAUSE WAS PRIMAR ₩ or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should EXAMINER: CAUSE OF DEATH. Subject shot in chest buriol, cremation, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Poge While of work of work 1967 necessory, please execute His store Nanjemov Charles Md 21. I certify that I taak charge of the remains described above, held an Autopsy X Inspection , Inquiry and in my apinian the funeral director. death resulted fram: Natural causes Accident Suicide Hamicide X Undetermined manner 5 may be retain TO FUNERAL DIRE Health prior to be CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Russell S. Fisher, M.D. Address (Street, city, town, or county) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Burial (Specify) .1967 Nanjemoy, Baptist Nanjemoy, Charles, Md. DALUL 2 1 1967 24. FUNERAL DIRECTOR VR A15ME (5) Arehart Funeral Home Inc., La Plata, Md.

Appropriate the second of District the early · P. A. M. A. L. M. L. M. C. L. C. Horr, Mar. Mar. Mar. Mar. 1940. The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09479 09479 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death and funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Charles dipers. Pages 1 Maryland MARYLAND Charles b. CITY OR TOWN (If autside carparate limits, write RURAL and give necrest town)
Hughesville c. CITY OR TOWN (II autside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 Hughesville VIS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (II not in haspital, give street address) d. STREET ADDRESS YES NO S NAME OF Middle 4. DATE remave carbon n any event, wit First Month Last Day Year DECEASED Oscar Penn Bridgett July and in any event, 167 (Type or print) DEATH IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED **NEVER MARRIED** last birthday) Manths Days Haurs Male Cau WIDOWED DIVORCED 1875 and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? attending physician permit. Then please Charles Co. Maryland Farmer lobacco 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, crematian, ar removal, Charles Thomas Bridgett Lucrecia Dent 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes na ar unknawn) (If yes give war ar dates af service) permit. 218-36-5776 Adrian Bridgett, Hughesville. Md. CAUSE OF DEATH (Enter only one cause per line for (o), (b), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH ond (c).) signed by the burial-transit IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO rose les orie CV deriare Canditians, if any, which gove rise to immediate couse (o), DUE TO stating the underlying cause prior ta as the 19. WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) director, page 3 shauld be detached far use shauld be filed with the State Dept. af Health YES NO X this certificate 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (State) factory, street, allice blda., etc.) Nat While at wark L at work **DIRECTOR:** After 19 66 to 21. I certify that (I) (this haspital) attended the deceased from. 1967, that (I) (we) lost teus 1967, and that death accurred at M from causes and an the date stated above saw the deceased alive a 22a. SIGNATURE 22b. DATE SIGNED 7-18-67 M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) Mechanicsville, Maryland 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify)
Burial 7-20-67 Trinity Ch. Cemetery Newport. 0 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Huntt Funeral Home, Waldorf, Md.

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21.	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	09480 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09480
ond 3 to PM3. Page PM3. Page priment of deoth.	1. PLACE OF DEATH O. COUNTY O. STATE O.
	TNDIAN HEAD  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  d. STREET ADDRESS  /S4 CIRCLE AVE  NOT  3. NAME OF  First  Middle  Lost  4. DATE  Month  Date  Verification  Applied  First  Middle  Lost  4. DATE  Month  Date  Verification  Applied  Verification  Applied  Lost  4. DATE  Month  Date  Verification  Applied  Verification  Applied  Verification  Applied  Applied  Verification  Applied  Verification  Applied  Applied  Verification  Applied  Verification  Applied  Verification  Applied  Verification  Applied  Applied  Verification  Applied  Applied  Verification  Applied  Verification  Applied  Applied  Verification  Applied  Verification  Applied  Applied  Applied  Verification  Verification  Applied  Verification  Applied  Verification  Verification  Applied  Verification  Verification  Applied  Verification  Applied  Verification  Verificat
hin 24 hours after deo ncil in Item 18. Give Po niner's Office along with pages 1 ond 2 with the Si in ony event within 72	OF DECEASED (Type or print)  S. SEX  6. COLOR OR PACE  7. MARRIED NEVER MARRIED   B. DATE OF BIRTH  WIDOWED   DIVORCED   MARCH 15 1888   No. 1   No. 1
within 24 hc pencil in Ite xominer's Of le pages Tor nd in ony ev	106. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  107. WALL  108. KIND OF BUSINESS OR III. BIRTHPLACE (Stote or foreign country)  109. WALL  109. KIND OF BUSINESS OR III. BIRTHPLACE (Stote or foreign country)  110. BIRTHPLACE (Stote or foreign country)  111. BIRTHPLACE (Stote or foreign country)  112. CITIZEN OF WHAT COUNTRY 2. A  113. FATHER'S NAME  114. MOTHER'S MAIDEN NAME  115. BIRTHPLACE (Stote or foreign country)  116. BIRTHPLACE (Stote or foreign country)  117. BIRTHPLACE (Stote or foreign country)  118. BIRTHPLACE (Stote or foreign country)  119. BIRTHPLACE (Stote or foreign country)
be executed wi "pending" in pe hief Medical Exon onsit permit. File or removol, ond	15. WAS DECEASED EVER IN U.S. ARMÉD FORCÉS? (Yes, no, or unknown) (If yes give wor or dotes of service)  18. CAUSE OF DEATH (Enter only one couse per line for (o), (M) and (c))  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  16. SOCIAL SECURITY NO.  17. INFORMANT  Charles H. By R. J.  INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
INER: This certificate should be executed within 24 hours after death. If a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files.  3 should be used as a buriol-transit permit. File pages I and 2 with the State Deat, prior to buriol, cremation, or removal, and in any event within 72 hours.	Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause lost.
his certi	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED? YES NO  20a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH  CAUSE OF DEATH
AMINER: The the certifice of the certifice at should be our files.  ge 3 should to ge 3 should to gent, prior	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.)
AL EXAMINER: execute the certicate the certicate of the c	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19  20d. INJURY OCCURRED While of work of
DEPUTY MESTAL EXAMINER: Treessory, please execute the certific e funeral director. Page 4 should b may be retained for your files. FUNERAL DIRECTOR: Page 3 should ealth or its designated agent, prior	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined monner
O DEPUTY Mercessory, plus the funeral d S may be ret or Funeral D Funeral D Funeral D Funeral D	SIGNATURE  SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  22. DATE SIGNED  EXAMINER'S NAME (Type)  EXAMINER'S NAME (Type)  Address (Street, city, town, or county)
TO DEPU necesso the fun 5 moy TO FUNE Health	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, or Town) (County) (Stote)  REMOVAL (Specify) 7-5-67 TRINITY MemiRIAL WALDER MA
VR A15ME (5)	24. FÜNERAL DIRECTOR  FUNERAL DIRECTOR  JUL 6 1967. REGISTANTS SIGNATURE JUST  DATE JUL 6 1967. REGISTANTS SIGNATURE JUST



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, Il institution: Residence before admission) e. COUNTY b. COUNTY by the CHARLES Maryland MARYLAND deat b. CITY OR TOWN (if outside corporete limits, è c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town) write RURAL end give neerest town) = White Plains Pages Plata filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? etely Physicians Memorial 6 YES NO T executed Hospital 3. NAME OF 4. DATE Month Day Ba DECEASED OF (Type or print) COU DEATH HILL HILL 99 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lest binhday) Months certificate Days Hours WIDOWED DIVORCED remove 949 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Aue Station Agent Penn.R.R. Delaware USA please .⊆ 13. FATHER'S NAME attending 14. MOTHER'S MAIDEN NAME pue Jacob Collins Then Laura removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Box 16 (Yes, no, or unkown) | (If yes give wer or detes of service) requires that Jennie M. Collins, White Plains, Md. Mrs permit. attending physician. þ 1B. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c). ō signed PART I, DEATH WAS CAUSED BY: alexan less Ede cremation. IMMEDIATE CAUSE (e) burial-transit **DUE TO** has been Conditions, if eny, which (b) geve rise to immediate cause burial, DUE TO (e), steting the underlying the the hospital or couse lest. After this certificate (c) use as PART II. OTHER SIGNIFICANT CONDITIONS-CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? prior NO T detached for 20e. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II ol item 18.) Health OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ŏ Hour e.m. Not While fectory, street, office bldg., etc.) DIRECTOR: Dept. el work et work p.m. pe 21. I certify that (I) (this hospital) attended the deceased from.... pinous State saw the deceased alive on may 22e. SIGNATURE 22b. DATE ATTENDING MED. STAFF SIGNED HOSPITAL FUNERAL page with th PHYS. DIRECTOR Page PHYS. 22c. PHYSICIAN'S 22d. ADDRESS ector, NAME (Type) Peli 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) ಡಿಕ್ ದ್ವ REMOVAL (Specify) Family Cemetery Waldorf Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Home Inc. La Arehart Funeral DATI Plata 20M S-63

MARYLAND STATE

DEPARTMENT OF HEALTH

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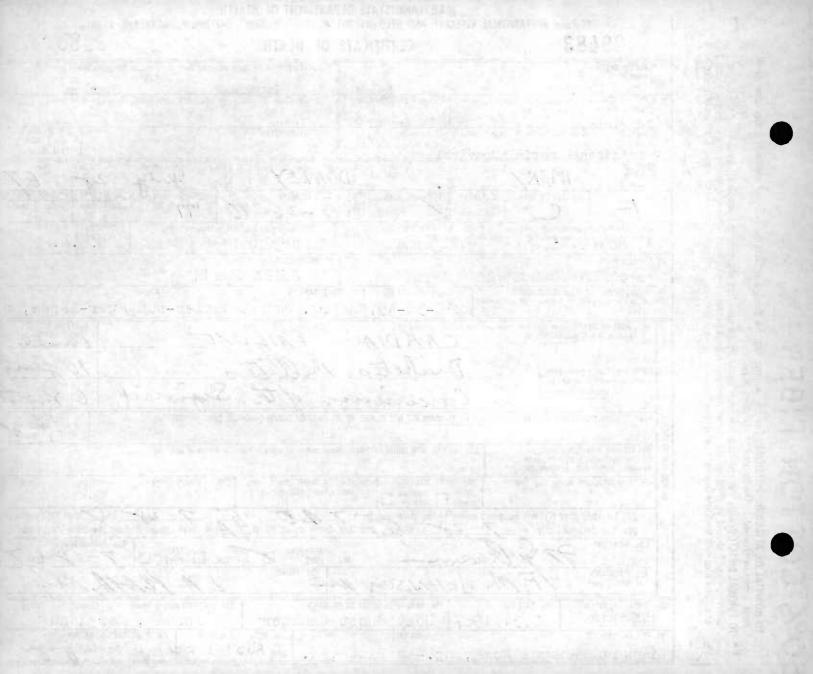
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		US484 GERIFICATI	E UF DEATH	00200
	1.	PLACE OF DEATH a, COUNTY ( )	2. USUAL RESIDENCE (Where deceased liver	
		Charces MARYLAND	a. STATE / Jyy (and	o. COUNTY Charles
	1	CITY OR TOWN (if outside corporate limits, write RURAL and give nemper town)	c. CITY OR TOWN (If outside corporate lin	nits, write RURAL end give nearest town)
	1	onyans Koad	Bryans 102	d 08:1
		d. Name OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ODRESS	e. IS RESIDENCE ON A FARM?
			13 Gabyiel	Prive YES NOW
	3.	NAME OF DECEASED (Type or print) LO retta Michaella	dest 4. DATE OF DEATH JU	Month Day Year
	5.	- I TONECIE	DATE OF BIRTH 19 AGE (In	year I IF UNOER 1 FEAR IF UNOER 24 HRS.
		F. Cau, WIDOWED DIVORCED T	Jan. 11, 1961 6	thday) Months Days Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work done   10b, KINO OF BUSINESS OR	11. BIRIHPLACE (County & State, or foreign	country)   12. CITIZEN OF WHAT
	aur	ing most of working life, even if retired) INOUSTRY	Mary land	COUNTRY?
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	4	ouis Edward Comeau	Laura Va	nwart
		. WAS OECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. s, no, or unkown) (If yes give war or dates of service)	INFORMANT	Address Road
		- LC	ouis E. Comeau	Mary (and
		18. CAUSE OF DEATH {Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSEO BY:	-,	INTERVAL BETWEEN ONSET AND OEATH
		IMMEDIATE CAUSE (a) AND	Ailure	DAYS
		Conditions If any subjet 1	+	10
		Conditions, If any, which gave rise to immediate (b)	SIOMA	1740.
		cause (a), stating the DUE TO underlying cause last.		
	NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION G	IVEN IN PART 1(a) 19. WAS AUTOPSY
2	ICAT			YES NO NO
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. OESCRIBE HOW INJURY OCCU	RREO. (Enter nature of injury in Part I or P	art II of Item 18.)
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	MEDICAL	factor	CE OF INJURY (Home, farm, 20f. (City or to	own) (County) (State)
	MED	p.m. 19   While   Not While   18600		
	Hi	21. I certify that (I) (this hospital) attended the deceased from	12/28 , 1965, to 7	124, 1967, that (1) (we) last
_		saw the deceased alive on 7/23 19 6), and that	death occurred at 10 4 AM, from the 6	auses and on the date stated above.
		10 87 11.	ATTENDING MED. STAFF	F - M/207/11
		22c. PHYSICIAN'S	PHYS. DIRECTOR PHYS	1/20/6/
		NAME CHAPE) THOMAS L. FieldSON MD.	BYANGYWIN	se Md.
	23a	. BURIAL, CREMATION, 23b. OATE THEREOF   23c., NAME OF CEMETERY	OR CREMATORY   234. LOCATION	(City, town or county) (State)
		BREMOVAL (Specify) 7-27-67 Mt. Oli	vet Wash	ington D.C.
	24	FUNERAL DIRECTOR + THE PROPERTY ADDRESS OF THE CONTROL OF THE CONT	25a. REC'O BY REGISTRAR 2	25b. REGISTRAR'S SIGNATURE
	4	be string , rentry stone, stacked	WALL OF THE	

VR A15 (4) 20 M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09484 CERTIFICATE OF DEATH death. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) furberal PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND requires that the death certificate be executed within 24 hours after ITY OR TOWN (If putside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN OW 0/ IS RESIDENCE ON A FARM? A NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ond completely filled, 0 020 YES 4 NO eose remove corbon pay and in any event, within NAME OF Lost DATE Dov Year DECEASED OF d 0 196 Type or print DEATH IF UNDER 1 YEAR IF UNDER 74 HRS 6. COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED Months birthday) Days Hours WIDOWED DIVORCED YIS 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) physicion 24 2 drme FATHER'S NAME MOTHER'S MAIDEN NAM cremation, or removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16 SOCIAL SECURITY NO 17. INFORMAN Address 3 Town (Yes, and, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH burial-tronsit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by Poge 4 may be retained by the hospitol or attending physicion. DUE TO Conditions, if ony, which gove rise to immediate couse (a) DUE TO os the prior to b stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION for use with the State Dept. of Health YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) Hour o.m. factory, street, office bldg., etc.) 1967, that (1) (we) lost 21. I certify that (I) (this haspital)) ottended the deceased fram saw the deceased alive an and that death accurred at 8:034, M. from couses and on the date stated above. 1967 22d SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. DIRECTOR director, page 3 should be filed v M.D. PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) EIRI DATE THEREOF OF CEMETERY OR CREMATORY 286. LOCATION (City or Jown) (County) (Stote) 23a BURIAL, CREMATION. 23c. REMOVAL (Specify) 31 GUN 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 DATE AUG

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

27 82		0948	5		CERTI	FICATE	OF	DEATH			08	948!	5
EN EPE		PLACE OF DEATH							Where dece	ased lived, if instit		ce before a	dmission)
E 0 D		a. COUNTY	HARLES		AAA	RYLAND	a. Si		-7 0 0 0	b. CO		Charl	100
hours after death. in by the funerar rs. Pages 1 and 2 thours ofter death.	-	h CITY OR TOWN (	If outside corporate limi	ts	c. LENGTH OF STAY		c CITY		rland	rote limits, write R			
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by P	_	La P	ata					NJEMOY			0	8.1	S RESIDENCE
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de de de	S.	SEX nA	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 🔲 8	B. DATE C	OF BIRTH	150	9. AGE (In years	Manths 1		UNDER 24 HRS.
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The law requires that the death certificote be executed within 24 hours af attending physician. has been signed by the ottending physician ond completely filled in by the se as the buriol-transit permit. Then please remove carbon papers. Page the prior to buriol, cremation, or removol, and in any event, within 72 hours of		PART I. DEA'  Conditions, if any rise to immediat stating the under last.	which gave e couse (a),		s (d), (d), and (d).	vas	eu	lan	occ	lusie	m		AND DEATH
The lot aften aften hos by use as lith prid	TION	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT R	ELATED TO T	HE TERMI	INAL DISEASE CO	NDITION GI	VEN IN PART 1(a)		19. WA	AS AUTOPSY RFORMED?
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G PH the h r this detoc te Dep	MEDICAL	20c. TIME OF INJU Hour a.r p.r	10	20d. Whi				URY (Hame, farr , office bldg., etc.		(City or town)	(Cou	unty)	(Stote)
		21. I certi	fy that (I) (this ho	spital) atte	nded the decease	d fram	70		1967				(I) (we) last
the the			eceased alive an_	7-	13 196/	, and that	death	accurred at	2/	M, fram cause	s and an th	ie date s	stated above
W S		22o. SIGNATURE	70	ile	war	M.D	ATTE ). PHYS	NDING S.	MED. DIRECTOR	STAFF PHYS.	22b. D/	ATE SIGNED	-6 >
TO HOSPITAL OR ATTENE Page 4 moy be retained TO FUNERAL DIRECTOR: A directar, page 3 should should be filed with the	/	22c. PHYSICIAN'S NAME (Type		E.M	· JOHN.	scal	220	d. ADDRESS	LA	PLA	TAI	mes	8
UNI UNI UNI UNI UNI UNI UNI UNI UNI UNI	230	BURIAL, CREMATIC		IEREOF	23c. NAME OF CE	METERY OR	REMATO	RY	23d.	LOCATION (City or	lown)	(County)	(Stote)
Page A	R	REMOVAL (Specify	July	16.19	67 Nania	mosr I	Rant	ist	Mar	iemov.	Charl	es. Mo	d.
5-5	2/	CHAICDAL DIDECTO	D	,	ADDDECC	moy 1	-apu	2Sa. REC	D BY REGIS	TRAR 2Sb.	REGISTRAR'S S	GNAT TRE	
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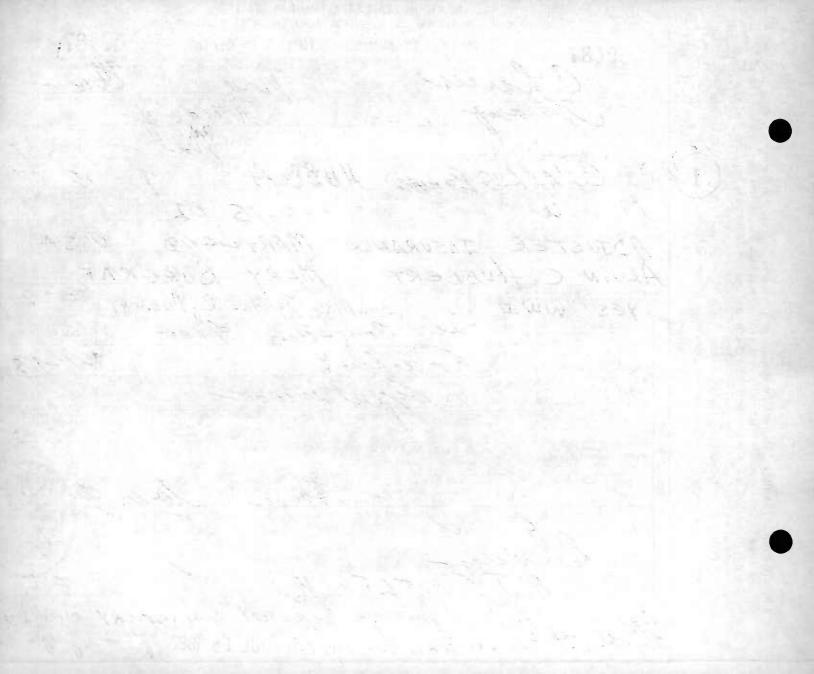
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09486 09486 CERTIFICATE OF DEATH low requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) filled in by the funeral pages 1 oper PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Maryland Charles MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. STREET ADDRESS Waldorf I.a Plata
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) the ottending physician and completaly filled in sit permit. Then please remove corbon papers. e. IS RESIDENCE ON A FARM? Physicians Memorial Hospital P. O. Box 264 YES NO 3. NAME OF First Middle 4. DATE Lost Month Dov Year DECEASED Baby Girl Hill July 24. 1967 19 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthdoy) Months Dovs Hours N 7/24/67 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR **INDUSTRY** COUNTRY 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ion, or removal, Charles Washington Dorrie Octavia Hill IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SQCIAL SECURITY NO. 17. INFORMANT (Yes, no, prynknown) (If yes give wor or dates of service) Mother INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for to), signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 moy be retoined by the hospital or attending physicion. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate hos been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m foctory street, office bldg., etc.) Not While ot work 21. I certify that (1) (this hospital) attended the deceased from 19 67, and that death occurred at 7.65 M, from causes and on the date stoted above. saw the deceased olive an 22o. S/GNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23d. LOCATION (City or Town) DATE THEREOF (County) (Stote) REGISTRAR'S SIGNATURE 2So, REC'D BY REGISTRAR 2Sb. 24 FUNERAL DIRECTOR ADDRES:

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4)

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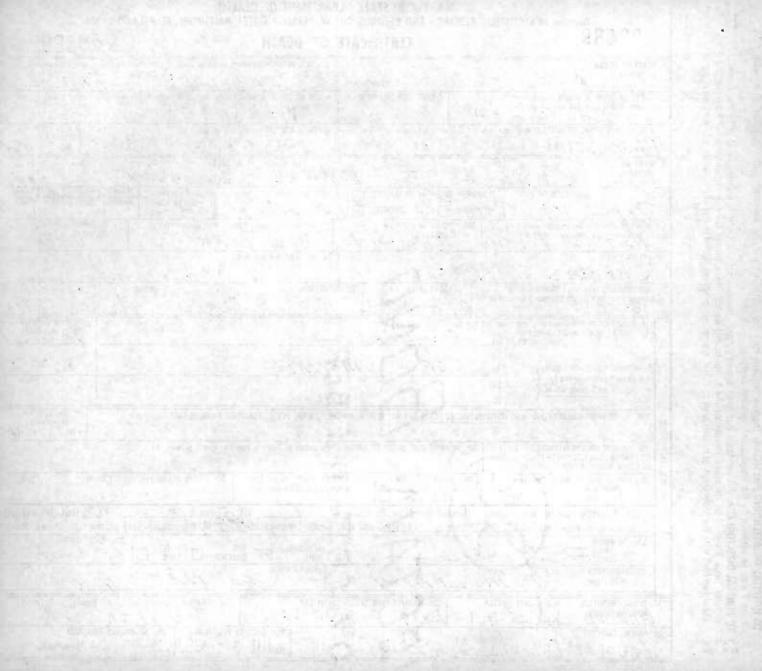
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09487 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) g. COUNTY g. STATE b COLINTY 3 to Page MARYLAND b. CITY OR TOWN (If autside sorpora c. LENGTH OF STAY IN 16 c. CITY OR ZOWN (If autside carparate limits, write RURAL and give nearest tawn) pup P.M3. write RURAL and give OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? 00 farm in Item 18. Give Pages 1, NO X YES be executed within 24 haurs after death. Office alang with NAME OF Middle DATE Day Year DECEASED OF Type or prin DEATH 9. AGE (In years IF UNDER 1 YEAR SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH chast thday) Manths Days Hours 3 WIDOWED DIVORCED land 2 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR or fareign country! 12. CITIZEN OF WHAT during mast of working life, even if retired) Chief Medical Examiner's MOTHER'S MAIDEN NAME pencil File WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO 17. SEE # permit. (Yes, na, ar unknown) (If yes give war ar dates of service) event within INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line to) burial-transit PART I, DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) ward This certificate shauld DUF TO any Canditians, if any, which gave te, writing the v farwarded to th rise ta immediate cause (a). = DUE TO 0 stating the underlying cause last 0.5 WAS AUTOPSY PERFORMED? remayal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT JOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO should be 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld 0 PRIMARY ☐ or CONTRIBUTING ☐ **EXAMINER:** CAUSE OF DEATH. crematian, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF JNJURY (Home, form, (City or town) (County) (State) Haur a.m. YOUR While Nat While FUNERAL DIRECTOR: Page please execute at work at wark 21. I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion burial, funeral directar. deoth resulted from: Notural couses Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY necessary, EXAMINER'S Health | may (Street, city, tawn, ar county) 23d. LOCATION (City or Town) DATE THEREO 0 SONS EMETER REC'D BY REGISTRAR VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09488 09488 MEDICAL EXAMINER'S **FOR STATE** HEALTH DEPT. . USUAL RESIDENCE (Where declosed lived, if institution: Residence belong admission) PLACE OF DEATH o. COUNTY MARYLAND delay outside sorporote limits, write RURAL and give nearest b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c CITY OR TOWN (If pup P.M.3 State Depart d. NAME OF HOSPITAL OR (NSTITUTION (If not in hospital, give street address) d. STREET ADDRESS farm ON A FARM 99 in Item 18. Give Pages YES NO This certificate shauld be executed within 24 hours after death. with NAME OF Middle DECEASED Type or pris Office alang SFX IF UNDER 7. MARRIED NEVER MARRIED pirthduy) Months Dovs Hours WIDOWED land KIND OF BUSINESS OR 12. CITIZEN OF WHAT Chief Medical Examiner's pages pencil haurs ( File WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO permit. Herry event within CAUSE OF DEATH (Enter only one couse per line INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUS burial-transit ONSET AND DEATH writing the word DUF T the any Conditions, il ony, which gove rise to immediate couse (o), farwarded ta .= DUE TO stoting the underlying couse O. pup last. OS used WAS AUTOPS) PERFORMED? removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) certificate. NO pe 200. EXTERNAL CAHSE WAS 3 shauld PRIMARY DIT CONTRIBUTING D shauld Б EXAMINER: CAUSE OF DEATH. cremation, 20c. TIME OF JAMES Wonth, Dov. Year (County) (Stote) ity or town) please execute the topy, street, office bldg., etc.) FUNERAL DIRECTOR: Page of work Page 4 described obove held an Autopsy and in my opinion burial, death resulted Natural causes Suicide the funeral directar. Undetermined manner be retained ACTUAL 22. DATE SIGNED priar SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health may Address (Street, city, town, or county) 0 REGISTRAR VR A15ME (5) 6M 1/67

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7	MARYLAND STATE DEPARTMENT OF HE Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREE	
. 23	09488 CERTIFICATE OF DEATH	09489
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or ottending physicion.  **O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remake carbon papers. Pages 7 and 3 should be filled with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town).	here deceosed lived, if institution: Residence before admission)  BY LAMA b. COUNTY  BY LAMA b. COUNTY  BY LAMA SIGNED COUNTY  BY LAMA SI
thin 24 ho filled in papers. ithlin 72 ho	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  Physicians Mem. Hosp  3. NAME OF  3. NAME OF  3. NAME OF  4. STREET ADDRESS  2156  4. STREET ADDRESS  Discharge Control of the control of	ARNER QVe   e. IS RESIDENCE ON A FARM? YES NO DE  4. DATE Month Doy Year
and completely remove corbon in ony event, with	Color or race 7. Married Never Married B. Date of Birth Wildowed Divorced 1/0 V. 4/89	OF DEATH  9. AGE (In yeors Months Doys Hours Min.  Stote, or foreign country)  12. CITIZEN OF WHAT
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s that the death cer cion. d by the ottending pre-tronsit permit. The	(Yes, no, or unknown) (If yes give wor or dotes of service) 77-30-2038 Ruth 6.	MORRELL WALDER, MA INTERVAL BETWEEN ONSET AND DEATH OF THE PROPERTY OF THE PRO
The law requires tho ottending physicion. has been signed by se os the burial-trons in prior to burial, crem	conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  (b) COR PILLMONALE  (c)	3 years
JING PHYSICIAN: The law reby the hospital or ottending fiter this certificate has been be detached for use as the State Dept. of Health prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTIONS	YES NO
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for us should be filed with the State Dept. of Healt		20f. (City or town) (County) (Stote)  (Stote)  (Stote)  (Stote)  (Stote)  (Mary that (I) (we) lass  (Mary that causes and on the date stoted obove)
O HOSPITAL OR ATTENDIN Page 4 may be retained by O FUNERAL DIRECTOR: Affer director, page 3 should be should be filed with the Star	22c. PHYSICIAN'S 22d. ADDRESS	MED. STAFF 22b. DATE SIGNED  T-2-67  A PLATA Md.
70 H OS Poge 4 NW 1/89 (4)	230. BURIAL CREMATION, PEMOVAL (Specify)  23b. DATE THEREOF  23c. NAME OF CEMETERY OR CREMATORY  LUNG ISLAND NAT COL  ADDRESS  ADDRESS  ADDRESS  DATIUL	23d. LOCATION (City or Town) (County) (Stote)  HEN YIRK BY REGISTRAR 20b. REGISTRAR'S SIGNATURE  5 1967 GUERNLES YUSGE



	MARYLAND STATE DE Division of STATISTICAL RESEARCH AND RECORDS, 30	PARTMENT OF HEALTH	21201
8	007.90	CERTIFICATE OF DEATH	09430
	PLACE OF DEATH  Charles County MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: R o. STATE Maryland Charles	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Fenwick Md  c. LENGTH OF STAY IN 1b  36-Yrs	c. CITY OR TOWN (If outside corparate limits, write RURAL or Fenwick Md	081
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES X NO
	NAME OF DECEASED (Type or print) John Robert Morton Middle	1. DATE 0F 7-25-67	Day Year 19
1		2025-1889   last birthdoy)   Moi	JNDER 1 YEAR IF UNDER 24 HRS. nths Doys Hours Min.
	D. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)  Retired USGOVT.	Brooke Virginia	12. CITIZEN OF WHAT COUNTRY?
13.	Joseph Morton	14. MOTHER'S MAIDEN NAME Hannah Campbell	
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of service) No  76-425-859	informant Eliza Morton-Wife-Fenwi	.ck Md
	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  COronary Occlin	sion-Massive	INTERVAL BETWEEN  IMMediate
	Conditions, if ony, which gove rise to immediate couse (o), (b) Arterio-Scler	osis-General	Indefinite
	stoting the underlying couse   DUE TO   Aging process		Indefinite
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO Emphysema	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	(Enter noture of injury in Port 1 or Port II of item 18.)	
MEDICAL		ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	(County) (Stote)
	21. I certify that I taak charge of the remains described above, he	eld an Autapsy, Inspection x Inquiryx	
	ACTUAL SIGNATURE STANDS CONCERNATION	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	7-23 DATE SIGNED
	EXAMINET'S James E. Andrews MD	DEPUTY MEDICAL EXAMINER X Address (Street, city, town, or county) India	
230	D. BURIAL/REMATION, REMOVAL (Specify)  BURIAL  23b. DATE THEREOF  23c. NAME OF CEMETERY OR  REMOVAL (Specify)  7-28-67  MADEDONIA BAR	CREMATORY 23d. LOCATION (City or Town) TO CHURCH BRYANS K	(County) (Stote)
24	BARNES E MATTHENS INC. 319-14 ST. N. H.	PONDIC 250. REC'D BY REGISTRAR 1 25b. REGISTR	AR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09491 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs after deoth. death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) physician ond completely tilled in by the funeral en please remove carbon papers. Pages I and 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Charles Maryland Charles MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Cobb Island Plata IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Physicans Memorial Hospital YES NO A 3. NAME OF Middle 4. DATE Lost Month Doy Year PENN DECEASED CHARA ETHEL (Type or print) DEATH ond in ony event 9. AGE (In years IF UNDER 1 YEAR S SFX B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED March 4,1918 Llas birthday) Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) U.S.A. during most of working life, even if refried) INDUSTRY Home COUNTRY? Ohio 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME (Unkown) Harold Bever Ethel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Mr. William Earl Penn-Cobb Island, Md. None buriol, cremotion, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-tronsit p WATER HOUSE - FRIEDRICHSEN SYNDROME IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate hos been should be detached for use as the with the State Dept. of Heolth prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (County) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this hospital) attended the deceased from 7.25, 1967, to 1-27, 1967, that (I) (we) last saw the deceased alive on 1967, and that death accurred at 3.4 M, from causes and an the date stated above. 7-27, 1967, that (I) (we) last 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. M.D. PHYS DIRECTOR director, poge 3 should be filed a 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, 23b. DATE THEREOF , Maryland Suitland REMOVAL (Specify) /29/1967 Cedar Hill Cemetery 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 146/ Arehart Funeral Home, Inc. La Plata, Md.

THE RESERVE OF THE PARTY OF THE 

X	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
3	FOR STATE	09492 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09492	
1	EALTH DEPT.	i. PLACE OF DEATH  o. COUNTY  Of an less and maryland  o. STATE Maryland  b. COUNTY Charles	
	PM3. Pge	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)	
	P P P P P P P P P P P P P P P P P P P	La Plata Waldorf  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENC ON A FARM	E
	ath. If soges I ith form	PHysicans Memorial Hospital Davis Road YES NO	
	The de	3. NAME OF DECEASED (Type or print) First of Middle Roctor DEATH Day Year OF DEATH DEATH DAY YEAR OF DEATH	1
	rs ofte 18. Gi e olon 2 with oth.	S. SEX M 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH Narch 5, 1916 9. AGE (In years Months Doys Hours Months Months Doys Hours Months Month	Ain.
	xecuted within 24 hours offer nding" in pencil in Item 18. Gi Medical Exominer's Office olong permit. File pages Iond2 with within 72 hours after deoth.	10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT Cons,. Waldorf, Md. 12. CITIZEN OF WHAT COUNTRY? A.	
	thin ncil in niner niner page urs a	13. FATHER'S NAME  John Andrew Proctor  14. MOTHER'S MAIDEN NAME  Mary L. Thompson	
	u with her Exor Exor File 2 hor		
	executed nding" in Medical E permit. F	(Yes no, or unknown) (If yes give wor or dates of service) 577-34-9281 Mary Estelle Proctor-Wife-Waldorf	,M
	rd "pending" Chief Medica tronsit permit event within	18. CAUSE OF DEATH (Enter only one cause per line for (d), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  ORSE AND DEAT  ONSE AND DEAT  ONSE AND DEAT	7
	should be e ne ward "per o the Chief I buriol-tronsit	Canditions, if any, which gave ) (b)	
	s certificate shoul s, writing the war forwarded to the used as a buriol- lovol, ond in any or	rise to immediate cause (a), stating the underlying cause (c)	-3
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19 WAS AUTOPS' PERFORMED? YES NO	XX
	E 0.	PERFORMED? YES NO  20a. EXTERNAL CAUSE WAS PRIMARY   ar CONTRIBUTING   CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
		20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) at wark at wark	e)
	cal EXA execute or. Poge od for you CTOR: Poggurial, cren	21. I certify that I took therego of the remains described above, held an Autopsy, Inspection, Inquiry and in my opi	nion
	MEDICAL EXA please execute I director. Page retained for you. DIRECTOR: Page or to burial, crem	deoth resulted from: Notural couses Accident , Suicide , Homicide , Undetermined monner	
		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIG	NED
	O DEPUTY MEDICAL E necessory, please exect the funeral director. Po 5 may be retained for O FUNERAL DIRECTOR: Health prior to burial, o	EXAMINER'S NAME (Type)  E.J. Edelen, M.D. La Plateury Medical Examiner 4  Address (Street, city, town, or county)  7-/1-67	1
	TO DEPU necesso the fun 5 may 7 FUNE Health	23a BURIAL (REMATION, 723b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Spote Buring Decify) 7/15/1967 St. Joseph's Cemetery Pomfret, Md.	)
	VR A15ME (5) 6M 1/67	Johnson Funeral Home, Pomonkey, Maryland Dal 13 1967 Charles Julys	

to be described by the state of The property of the same of th The street of the Land of the The state of the second of the

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09493 09493 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY delay is and 3 to Page Charles Maryland MARYLAND St. Mary's b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 P.M3. Charlotte Hall Waldorf d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? farm Oaks Road Give Pages 00 YES NO This certificate shauld be executed within 24 haurs after death. NAME OF Middle 4 DATE Year DECEASED OF DEATH LAVON 21 CLIFTON STANLEY July (Type ar print) 7. MARRIED XX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE B. DATE OF BIRTH NEVER MARRIED Manths Aug. 23, White Male WIDOWED 1). BIRTHPLACE (State or fareign country) 10a. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT Equip Derator-Construction / Kentucky e, writing the ward "pending" in pencil in forwarded to the Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Vergle Stanley Effie F. (Unkown) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, nazor unknawn) (If yes give war ar dates af service Teresa M. Stanley- Charlott 1B. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise ta immediate cause (a) DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING WAS AUTOPS! PERFORMED? 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH (State) foctory, street office bldg., etc. 21. I certify that I taak charge of the remains described above held an and in my apinian death resulted from: Natural causes the funeral directar. Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Edelen, M. D. NAME (Type) Address (Street, city, tawn, ar county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23d. LOCATION (City or Town 50 REMOVAL (Specify) Burial St. Joseph's Cemetery Morganza 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR VR A15ME 5 Funeral Home, Inc.-La Plata, Md. DATE JUL 25

MARYLAND STATE DEPARTMENT OF HEALTH

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	House a contract of the party of the contract
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1., PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
61/22 2 -	a. STATE MAP 11 AND b. COUNTY
b. CITY DR TDWN (If outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	
d NAME OF HOSPITAL OR INSTITUTION (if not in hospital also absorbed disease)	d. STREET ADDRESS   e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	ON A FARM?
YHYSICIANS MEMORIAL HOSP	KT 1 BOX 42 YES NO NO
3. NAME DF First Middle	Last 4. DATE Month Day Year
(Type or print) CLARA   HERESA   1	PPETT DEATH JULY 2, 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	9. AGE (In years   IVUNDER 1 YEAR   FUNDER 24 HRS.   last birthday)   Months   Days   Hours   Min.
FEMALE CAU, WIDOWED DIVORCED	JULY 24,1903 63 yrs. Months bays hours with
10a. USUAL DCCUPATION (Give kind of work done   10b. KIND OF BUSINESS DR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
HOUSEWORK DOMESTIC	CHARLES MD. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN MAME
William J. MATTINGIV	MARY E. HIGDON
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(Yes, no, or unknown) (If yes give war or dates of service) 217-30-0068 M	DE ROY HANCOCK TUDING HEAD MD.
18. CAUSE OF DEATH [Enter only one cause per-line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	card charles
DUE TO	to the line in the
Conditions, If any, which gave rise to immediate (b)	and the transfer of
cause (a), stating the DUE TO	
underlying cause last. (c)	
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PARTIE OF THE PART	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
I C C	YES ND ND
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of Injury in Part I or Part II of Item 18.)
DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY DCCURRED   20e. PLACE	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
White Mot while	ry, street, office bldg., etc.)
	7 2 1907 to 7 1967 that (I) (we) last
21. I certify that (I) (this hospital) attended the deceased from  saw the deceased alive on 77 19 2 and that	t death occurred at 1 M, from the causes and on the date stated above.
22a. SIGNATURE	1 22b. DAVE SIGNED
lituro in hating M.D	ATTENDING MED. DIRECTOR PHYS. 7/3/67
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) HRTIRO M. MONTEIRE	TA MATA, MA
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Soecify)	ADIE TAMINHAM MA
24. FUNERAL DIRECTOR  ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
UNIT FUNERAL HOME, WALDORF, M	2) > 1111 6 1967 (Charley Judge
HADNI FUNCKAL MOME, VINEDUKT, 11	DATE SOL O

CLINE OF STATE OF STATE OF THE Andrew Call State of the Call of the State o ACREMENT DEMONSTRACE SHARLES MISS SHOW Windows II allowed his comment of the THE STREET OF MELLY PROPERLY SERVED HERE EVALUE TO STATE OF THE STATE OF Here Exercise HORE SURGERS MO THE SERVE

MARYLAND STATE DEPARTMENT OF HEALTH

CHARLES Duniel Ti Vechniager July 11, 61 WHEE COLLE Myseardial Infaction Orderioscleretre Eardinvoscular Oslease Years Marry Mason 12306-6